

FILED NOV 5 1942
Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 345

1. PLACE OF DEATH:

(a) County **Pettis**

(b) City or town **Sadalia Rural (LWD)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 Miles South on 65 Hy.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **New Jersey** (b) County _____

(c) City or town **West New York**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank John Stephen**

3. (b) If veteran, name war **Present War.**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **14**
year **1942** hour **near 8** minute **A** M.

21. I hereby certify that I attended the deceased from **10-14** 19**42** to _____ 19____
that I last saw h. **alive** on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Do Not Know**

6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **Injuries to head** Duration _____
fractured skull & brain
injuries

Due to **Accidentally struck by**
passing car, which
Due to **did not stop body**
found shortly after ward

Other conditions _____
(include pregnancy within 3 months of death)

7. Birth date of deceased **May 16 1908**
(Month) (Day) (Year)

8. AGE: Years **34** Months **4** Days **28**
If less than one day _____ hr. _____ min.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy **170 21**

9. Birthplace **West New York New Jersey**
(City, town, or county) (State or foreign country)

10. Usual occupation **Private**

11. Industry or business **Knob Noster Air Base**

MOTHER FATHER { 12. Name **Do Not Know**

13. Birthplace **Do Not Know** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine**

15. Birthplace **Do Not Know** 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **10-14-42** 080

(c) Where did injury occur? **Pettis Co Mo**
(City or town) (County) (State)

(d) Did injury occur on or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature **W. J. Bishop coroner** (M. D. or other) _____
Address **Sadalia Mo** Date signed **10-15-42**

16. (a) Informant **Record of Enlistment**

(b) Address **Knob Noster Air Base.**

17. (a) **Removal** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hackensack, New Jersey**
McLaughlin Bros.

18. (a) Signature of funeral director _____

(b) Address **Sadalia Mo**

19. (a) **10/15-1942** (b) **Dona Anna Berger**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 21-4-42

NOV 17 1942

DEC 22 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Robert W. Reed

Licensed Embalmer No. 3745

P. O. Address Sidalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.